

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: John Joseph DiEnno, et al.

Art Unit: 3637

Serial No.: 09/682,422

Conf. No.: 7785

Filed: August 31, 2001

Examiner: Hansen, James Orville

For: RIBBED ESCUTCHEON FOR APPLIANCE DOOR ASSEMBLY

TRANSMITTAL

1. Transmitted herewith is:
  1. Amendment Transmittal (2 pages)
  2. Amendment (9 pages)

STATUS

2. Applicant
  - ☐ claims small entity status.
  - ☒ is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.  
(complete (a) or (b), as applicable)
  - (a)   X   Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<u>  X  </u> first month	\$ 120.00	\$ 60.00
<u>      </u> second month	\$ 460.00	\$ 230.00
<u>      </u> third month	\$ 1,050.00	\$ 525.00
<u>      </u> fourth month	\$ 1,640.00	\$ 820.00
<u>      </u> fifth month	\$ 2,230.00	\$1,115.00

Fee:           \$ 120.00          

If an additional extension of time is required, please consider this a petition therefore.

*(Check and complete the next item, if applicable)*

An extension of        months has already been secured. The fee paid  
       therefor \$        is deducted from the total fee due for the total months of  
extension now requested.

Extension fee due with this request \$       

OR

- (b)        Applicant believes that no extension of term is required. However, this conditional

petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMDT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE		ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS		=	x \$25.00 = \$		x \$50.00 = \$
	MINUS		=	x \$100.00 = \$		x \$200.00 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$180.00 = \$		+ \$360.00 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$ \_\_\_\_\_

#### FEE PAYMENT

5. Attached is a check in the sum of \$ \_\_\_\_\_  
☒ Charge Deposit Account No. 01-2384 the sum of \$ 120.00.

#### FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.  
 7. ☐ Other:

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